



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Quontel Saunders 3552727

(Enter above the full name of the plaintiff
or plaintiffs in this action). (Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. 2:18-cv-1514
(Number to be assigned by Court)

CO^{II} Kummer LT Baisden
CO^I Ewing Dr. Lye

(Enter above the full name of the defendant
or defendants in this action)

COMPLAINT

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____ No X

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county):

3. Docket Number: _____

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Kummer

is employed as: (CO^{II}) Correctional Officer

at Mount Olive Correctional Complex

D. Additional defendants: LT Baisden, CO^I Ewing

Correctional Officer at Mount Olive Correctional Complex

Dr. Lye Doctor at Mount Olive Correctional Complex

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On February 27th 2017 CO^{II} Kummer sprayed me in my cell with phantom (Clear Out) with CO^I Ewing beside him. Officers then left the pod, and left me in the cell for several mins before coming back. I was sprayed for no reason at all. I didn't do anything at all. I was not wrote up or gave a disciplinary Incident Report. After finally coming to get me out of my cell that they left me in for several minutes with out air! they

IV. Statement of Claim (continued):

Ran water on my face & eye. Medical came to see me & I told them what happen, they told the Correctional Officer's CO# Kummer & LT Baisden to make sure I shower & get the phantom off my visible & private parts. When I was walked back to the pod & the camera was off. Officer CO# Kummer & LT Baisden said you are not getting in the shower. Then I was put back in the same cell that they sprayed phantom in, for 3 days without being able to wash off the phantom. My skin burned the whole (see Attached)

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I want these officers & Doctor reprimanded. I want my medical expenses paid for & replaced too me. I want something to help protect or heal my skin from these damages. I also want 20,000 dollars for the mental, physical, emotional, & Anxiety that all this has ~~caused~~ caused me over the last year in a half.

Statement of Claim

3 days of not showering & till this day I still have skin problems from being sprayed. I also have had to keep an inhaler in my cell at all times & take a whole lot of breathing treatment due to being left in the cell with no air running after being sprayed with phosgene (clear out). I put a sick call in to be checked on about my breathing & my burns. The nurse. I was treated for my breathing problem. But for my skin conditions Dr. Lye would not treat me or get me any help. He told me ~~several~~ ^{several} times he will not help me because I got sprayed. The Nurse ~~id~~ ^{even} told him that see seen the burn & irritation on my visible & private parts. I am still burning & irritated when I sweat, use certain soap or shampoos, or get hot. due to being left in the cell & not being able to shower for 3 days.

If so, state the lawyer's name and address:

Signed this _____ day of _____, 20 _____.

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/8/18
(Date)

Signature of Movant/Plaintiff

Signature of Attorney
(if any)

